

**STATE OF TENNESSEE
DEPARTMENT OF SAFETY
1150 FOSTER AVE
NASHVILLE, TENNESSEE 37210**

**Uniform Application Form RS-1 For Single State Registration For Motor Carriers
Operating Under Authority Issued By The Federal Motor Carrier Safety Administration
(FMCSA)**

REGISTRATION YEAR: _____

Motor Carrier Identification Numbers

FEIN/SSN: _____

US DOT No: _____

MC Docket No: _____

Motor Carrier (Identical to name on FMCSA order):

Name: _____

D/B/A (if applicable): _____

Telephone Number: (____) _____ Fax Number: (____) _____

Principal Place of Business Address - A principal place of business is a single location that serves as a motor carrier's headquarters and where it maintains or can make available its operational records.

Street: _____

City: _____ State: _____ Zip Code: _____

Mailing Address:

Street: _____

City: _____ State: _____ Zip Code: _____

Type of Registration: (Check One)

- ☐ New Carrier Registration – The motor carrier has not previously registered.
☐ Annual Registration – The motor carrier is renewing its annual registration.
☐ New Registration State Selection – The motor carrier has changed its principal place of business or its prior registration state has left the registration program.
The prior registration state was _____.

Type of Motor Carrier (Check One)

☐ Individual ☐ Partnership ☐ Corporation ☐ Limited Liability Company

IF CORPORATION, GIVE STATE, WHICH INCORPORATED: _____

List name of partners or officers:

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Type of FMCSA Authority:

- ☐ FMCSA Certificate (Common Carrier) ☐ FMCSA Permit (Contract Carrier)

Type of Motor Carrier Operation: (Check only one block)

- ☐ TRANSPORTER OF PROPERTY - Using freight vehicles with a gross vehicle weight rating of 10,000 pounds or more.
- ☐ TRANSPORTER OF PROPERTY – Using only freight vehicles with a gross vehicle weight rating of less than 10,000 pounds.
- ☐ TRANSPORTER OF PASSENGERS – Using vehicles with a seating capacity of 16 passengers or more.
- ☐ TRANSPORTER OF PASSENGERS – Using only vehicles with a seating capacity of 15 passengers or less.
- ☐ Gross Vehicle Weight Rating (GVR) Statement – Under 10, 000 pounds

(FMCSA) Certificate (s) or Permit (s)

- ☐ FMCSA Authority Order (s) attached for first year registration
- ☐ FMCSA Authority Order (s) attached for additional authority received
- ☐ No changes from prior year registration

Proof of Public Liability Security: (Check only one block) (Form BMC – 91X)

- ☐ The applicant or its insurance company **will file** a copy of its proof of public liability security to the registration state.
- ☐ The applicant or its insurance company **has filed** a copy of its proof of coverage as stated on that form remains in effect.
- ☐ The applicant has an approved self-insurance plan or other security in full force and effect and the carrier is in full compliance with the conditions imposed by the FMCSA order. A copy of the FMCSA insurance order is attached or has previously been filed with the registration state

Hazardous Materials: (Check only one block)

- ☐ The applicant **will not haul** hazardous materials in any quantity.
- ☐ The applicant **will haul** hazardous materials requiring \$1 million in Public Liability and Property Damage Insurance in accordance with Title 49 CFRS – 1043.2.
- ☐ The applicant **will haul** hazardous materials requiring \$5 million in Public Liability and Property Damage insurance in accordance with Title 49 CFRS – 1043-2.

Designation of Process Agent: (Form BOC – 3)

- ☐ FMCSA form No. BOC – 3 and Blanket designation attached for new registration
- ☐ FMCSA form No. BOC – 3 and blanket designation attached reflecting changes of designation of process agents.
- ☐ No changes from prior year registration.

Certification

I, the undersigned, under penalty for false statement, certify that the above information is true and correct and that I am authorized to execute and file this document on behalf of the applicant.

Name (Printed) _____ Date _____

Signature _____ Title _____